

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90324 029 ***158.75

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1. Entity Name
TIME WARNER INC.

Principal Place of Business
**75 ROCKEFELLER PLAZA
LEGAL DEPT. 25TH FL.
NEW YORK, NY 10019**

Mailing Address
**% JANICE CANNON
75 ROCKEFELLER PLAZA, 25TH FL.
NEW YORK, NY 10019**



2. Principal Place of Business
ONE TIME WARNER CENTER

3. Mailing Address
**%JANICE CANNON
ONE TIME WARNER CENTER**

04282004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14TH FL, LEGAL DEPARTMENT

City & State
NEW YORK, NY

City & State
NEW YORK, NY

4. FEI Number
13-4099534

Applied For
Not Applicable

Zip
10019

Country

Zip
10019

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVC
TURNER, R.E.
ONE CNN CENTER
ATLANTA, GA 30348** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPC
PACE, WAYNE H
75 ROCKEFELLER PLAZA
NEW YORK, NY 10019** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPG
CAPPUCCIO, PAUL T
75 ROCKEFELLER PLAZA
NEW YORK, NY 10019** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCEO
PARSONS, RICHARD D
75 ROCKEFELLER PLAZA
NEW YORK, NY 10019** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
SOLOMON, JAMES M
75 ROCKEFELLER PLAZA
NEW YORK, NY 10019** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
WAXENBERG, SUSAN A
75 ROCKEFELLER PLAZA
NEW YORK, NY 10019** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TURNER, R.E.
ONE CNN CENTER
ATLANTA, GA 30348** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPCFO
PACE, WAYNE H.
ONE TIME WARNER CENTER
NEW YORK, NY 10019** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPGC
CAPPUCCIO, PAUL T.
ONE TIME WARNER CENTER
NEW YORK, NY 10019** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCOBDEO
PARSONS, RICHARD D.
ONE TIME WARNER CENTER
NEW YORK, NY 10019** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
SOLOMON, JAMES M.
ONE TIME WARNER CENTER
NEW YORK, NY 10019** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
WAXENBERG, SUSAN A.
ONE TIME WARNER CENTER
NEW YORK, NY 10019** ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James M. Solomon* **JAMES M. SOLOMON**

4/29/04

Date

Daytime Phone #